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ABSTRACT

The role of accreditation in professionalizing an emerging field is examined in a study of on-site evaluation visits. Case records for five physical therapy education programs (including new and established programs at both public and private baccalaureate and entry-level master's programs in medical and nonmedical school settings) were analyzed by Glaser's constant comparative method. The study compared evaluators, teams, and programs in terms of a model of professional core values: (1) body of systematic knowledge; (2) professional authority; (3) community sanction; (4) self-control versus outside control; and (5) professional culture. A total of 362 references were made by on-site evaluation teams to all categories of professional values, with body of systematic knowledge accounting for 43% of value statements and professional culture accounting for 47%. A further breakdown of the number of references made to the value professional culture revealed 66% referred to the academic workplace. Body of knowledge statements varied in content but agreed on importance of developing research competence and cognitive skills in students. Professional culture statements gave priority to faculty research, with little reference to practice. Results highlighted team leader influence, with the most thorough leaders emphasizing quality assessment and program consultation. Team leaders who were elite members of the profession with higher education experience took a more active role in attempting to shape dominant professional values and create an elite institutional community. (LPG)

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# CASE STUDIES OF ACCREDITATION IN AN EMERGING PROFESSION: PROCESS AND PURPOSE IN PHYSICAL THERAPY EDUCATION

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> No subject seems to elicit a greater diversity of responses among all groups of educators than the question, Why accreditation ? It is an activity in education about which most educators have sure knowledge but few have accurate precise information. Like politics and religion, it provides a topic of conversation which will almost always be stimulating, if not enlightening (Selden,1960,p.296)

Ideally, accreditation serves as a voluntary system of self-regulation which aims to assure educational quality and contribute to program enhancement. Even though accrediting agencies claim that accreditation provides a means of quality asessment and program enhancement, many critics argue that the process has little to do with either. Wriston (1960) writes, "On the basis of long observation and participation, I am convinced that the pursuit of excellence is not advanced by the accrediting procedure." (p.329) "The accreditation process inevitably is driven by judgments which are essentially superficial, transient in their validity, and a drain upon time, energy and resources." (p.320) Kenneth Young, the founding president of the Council on Postsecondary Accreditation(COPA) addresses these continuing criticisms of accreditation:

> Accreditation has never been well understood -- not by the general public or, for that matter, by the institution of postsecondary education it primarily serves. (Young, Chambers, Kells, et al.;1983,p.15)

Empirical research on the accreditation process has increased over the past decade but much of that research has focused on the specific parts of the evaluation process (e.g.,

1

standards, self-study or the background of the evalution team) (Kells,1983). Yet, the development and evolution of the organizational structure of accreditation continues to serve broader social and political issues that emerge from both professional and academic institutions' interests (Selden,1971).

Accreditation has evolved into a complex arrangement of sponsors, educators, practitioners and users -- each having its own agenda for accreditation. One fundamental dimension of accreditation of educational programs for various occupations is the role of the profession. This study focused on understanding more about the professional concerns that are part of this complex evaluation process.

## ACCREDITATION AND THE ROLE OF THE PROFESSION

Accreditation is a status granted to an educational institution or program that has been reviewed and found to meet or exceed stated criteria of educational excellence. Institutional accrediting bodies are national or regional in scope whereas specialized accrediting bodies evaluate programs preparing students for profession or occupations. In specialized accreditation, the link between professional standards and the assurance of quality is a critical one for the profession. It is through the setting of accreditation

standards and the inspection of educational programs that the professional association can influence educational practice. Recently, a proliferation of accrediting groups has occurred in health-related fields. COPA currently recognizes 37 occupational agencies and of those, 49% are in health fields. This growth of health-related accrediting agencies appears to reflect a growth of knowledge, technology and new profession necessary to meet increasingly complex and changing societal needs in health care (Millard,1984). It also signifies attempts by emerging professions to establish a domain of professional competence and authority through the legitimation effect of education.

While accreditation in postsecondary education has many purposes, COPA cites quality assurance and program enhancement as the most important (COPA,1986). The difficulty in assessing quality is acknowledged in this recent COPA report:

> Judging quality is not easy. It cannot be reduced to quantitative indices or formulas. Such judgements are made by gathering appropriate information about an institution or program and by having knowledgeable people appraise it. This is the essence of the accreditation process (COPA,1986,p.4)

Current research harbors much criticism regarding on-site evaluators' success in achieving these purposes, but little research has been done investigating the implementation of the accreditation process during the on-site visit. One exception

was a study of the National Council for Accreditation of Teacher Education (NCATE) by the Institute of Research on Teaching at Michigan State (Wheeler,1980). Their in-depth investigation of NCATE's accreditation process revealed that the current standards did not reflect the extent of current knowledge and impeded attempts to judge program quality. An in-depth examination of programs was often overshadowed by the team focusing on the compliance/non-compliance format of applying standards, and the use of an in-depth approach was linked directly to the level of expectation set by the team chairperson.

**PURPOSE of the STUDY**

The goal of this study was to explore the process of accreditation in an emerging profession, physical therapy. Specifically, this research investigated how the accreditation on-site visit may serve as a vehicle for expressing the dominant values of an emerging profession by studying the work of on-site evaluation teams across a number of program sites.

Two general propositions guided the research. First, the on-site evaluators, as leading members of the profession, strive to obtain assurance of quality and program enhancement through the transmission and exchange of shared values and beliefs. Secondly, on-site evaluators are concerned with the legitimation of physical therapy as a profession and use accreditation interactions as occasions for defining, clarifying and extending conceptions of work done by

educational programs with references to the ideals and standards of a profession.

## CONCEPTUAL FRAMEWORK

This research examined all aspects of the on-site visit; the standards, the self-study report, the on-site evaluation team and the program being evaluated. It was both the content and enactment of these various parts of the on-site visit that served as indicators for understanding more about the clarification and communication of professional values.

A set of criteria selected from the literature on professionalization served as an operationalization model for the study. Most sociologists agree that professionalization is a dynamic process by which an occupation moves along a continuum toward a professional pole and that certain core characteristics determine where on the continuum the occupation lies (Bucher and Strauss, 1961;Hughes,1958; Houle,1984). The core characteristics selected include: body of systematic knowledge community sanction, self-control rather than outside control, and professional culture (Greenwood,1957; Goode,1969; Ritzer,1972). The model serves as the framework for the analysis and categorization of values that emerged during the on-site process.

All major components of the on-site visit (accreditation documents, on-site evaluation team, the program and team interactions) served as indicators of professional values. In a sense, within the process, the dependent and independent

variables of interest are the construction, clarification and communication of professional values. Contrasting the evaluation process across a variety of program sites served to detect constancy of professional values. (Figure 1)

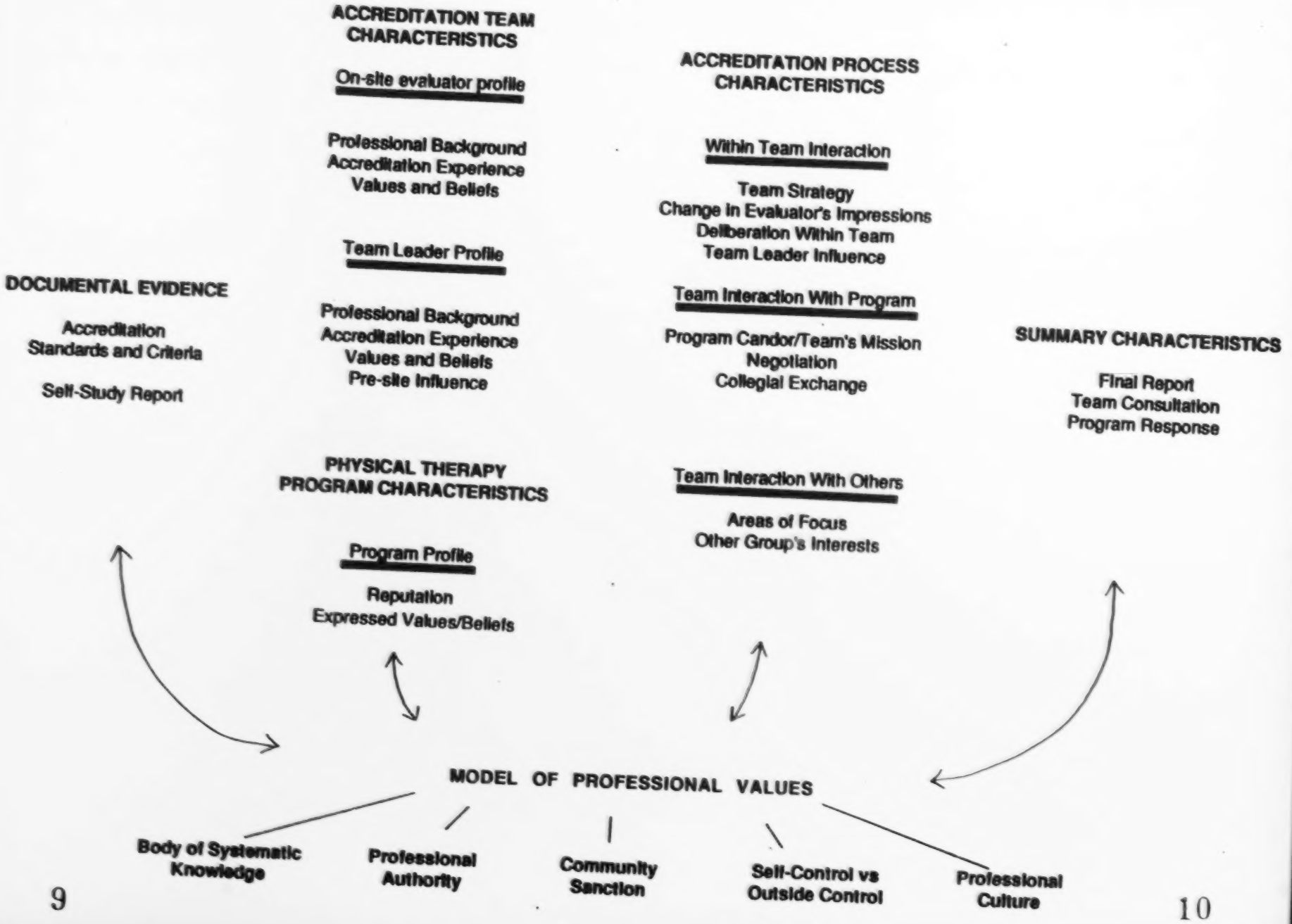
**METHODS**

A qualitative methodology involving case studies of five physical therapy programs was used. Data collection included structured pre-site interviews with 15 on-site evaluators, 200 hours of researcher non-participant observation during the five site visits and document analysis of five self-study reports and final reports. All interviews and within-team interactions were audiotaped and later transcribed. The remainder of interactions between the team and program were recorded by the researcher through fieldnotes. The model of professional values was used to analyze and display the values. Fieldnotes and tape transcriptions were coded for expressions of professional values. Independent analysts were used to check the consistency in application of the professional values model.

The model of professional values included definitions of the five values, derived from the professions literature, and possible applications of the model. For example, the value body of systematic knowledge refers to the profession's underlying body of theory. The profession is responsible for expansion and validation of that body of knowledge through research (Greenwood,1957). Possible application of this value

FIGURE 1

# CONCEPTUAL FRAMEWORK



might include on-site evaluator' discussion of what belongs in the curriculum, how much, and what depth, or the presence or absence of faculty research. References made to the value professional culture were later subcoded into two categories: references applying to the professional culture, or norms and values of the academic workplace, and references applying to the norms and values of the physical therapy profession.

An individual case record for each program site was constructed from the raw data. This included a strict account of events which took place during the on-site visit. This record was sent to individual team members for feedback and correction of any researcher misinterpretations. An interpretative case study was then written from the data for each of the five visits. Data analysis was patterned after tha constant comparative method by Glaser (1969) and included within case and cross case analysis. The cross case analysis involved comparisons across on-site evaluators, teams and programs.

The sampling strategy was purposeful sampling. Five physical therapy programs were selected from a list of 10 visits scheduled for the spring of 1986. Programs included both baccalaureate and entry-level master's educational programs, private and public settings, medical school and non-medical school settings and new and established programs. The American Physical Therapy Association's Commission on Accreditation has three member on-site evaluation teams which

include two physical therapists and one non-physical therapist. There were 10 physical therapists, 4 physicians and 1 higher education administrator in the sample of on-site evaluators.

## RE-EXAMINATION of the CONCEPTUAL FRAMEWORK

### The Elite Community of On-Site Evaluators

Results of this study indicate that these on-site evaluators represent an elite community within the field. This elite group brings with them to the on-site visit shared values and beliefs about what is necessary for the future of physical therapy. They envision independent practice and graduate entry-level education as realistic goals for the future of physical therapy. For example, their comments were strikingly similar:

> I would like to see entry-level therapists come out with a master's degree. (MD-INT,III:2,2-86)
>
> Well, continued independence of practice as I see it. (PT-INT,V:2,4-86)
>
> I believe we will be seen as autonomous practitioners. (TL-INT,II:3,2-86)
>
> I think we need physical therapists that are educated with enough depth and breadth to be able to function as independent pracitioners. (TL-INT,I:1-86)

Goode(1957) describes the elite of any profession as conscious of a communal identity and as the occupation begins to approach the pole of professionalism it begins to take on the traits of a community. I argue that on-site evaluators used the accreditation process as a forum for communicating

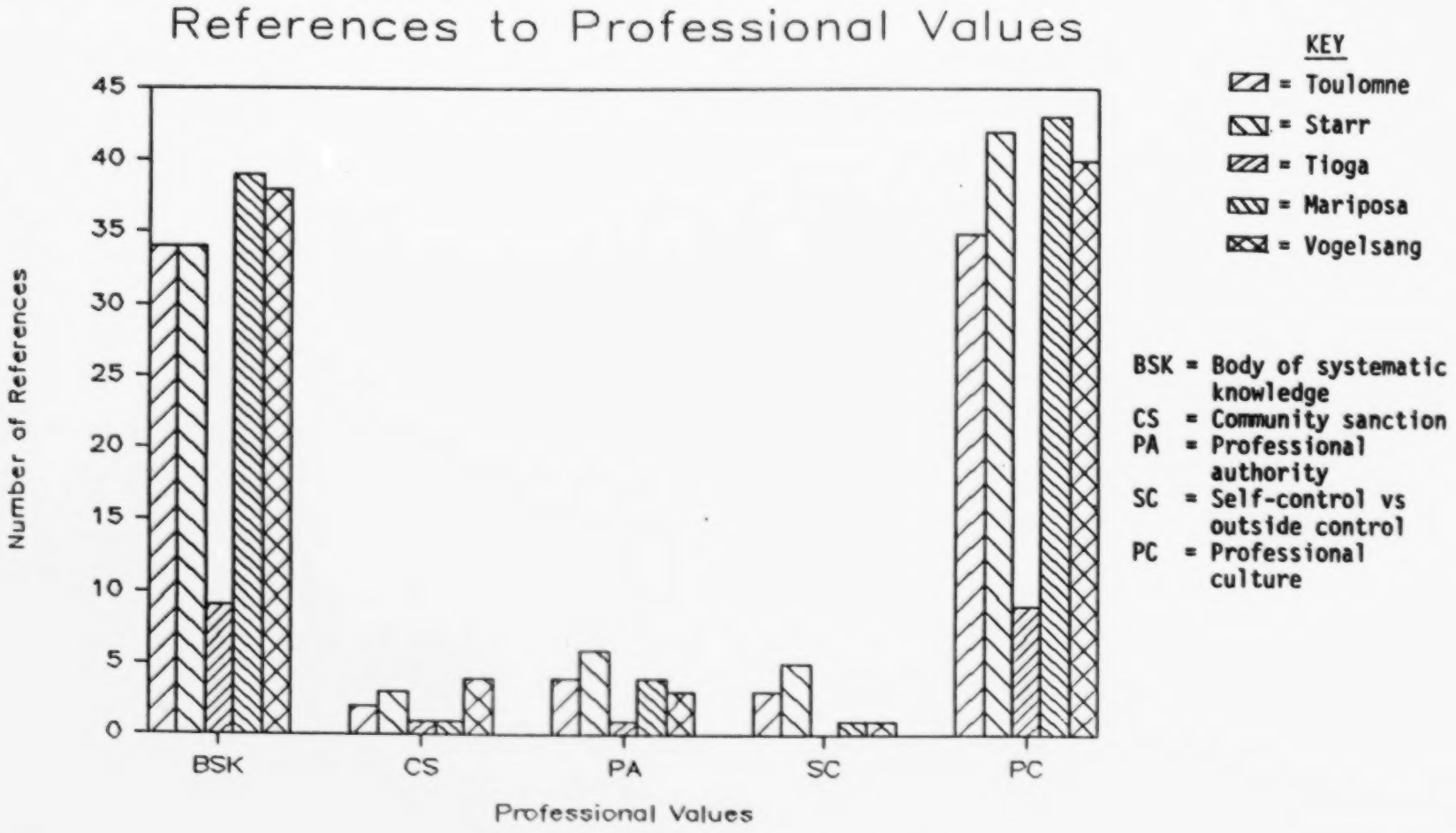
their shared values and beliefs about the necessary changes for the continued professionalization of physical therapy.

As a group, they shared similar pre-site concerns about faculty and curriculum. The concerns they expressed before going on-site then became these on-site concerns: faculty development, breadth and depth of the curriculum, faculty scholarly productivity, and program interdependence within the community. From these concerns emerged consistent references to the faculty and curriculum standards and the professional values, body of systematic knowledge and professional culture.

Professional Values

On-site evaluation teams referred most frequently to two professional values, body of systematic knowledge and professional culture. (Figure 2) A total of 362 references were made by teams to all categories of professional values, with professional culture accounting for 47% of the total and body of systematic knowledge for 43%. Further breakdown of the number of references made to the value professional culture revealed 66% of those references were made to the professional culture of the academic workplace.

Body of Systematic Knowledge:Confusion and Consensus. Teams demonstrated a lack of consistency over what is included in physical therapy's body of knowledge and demonstrated far more concern over how the body of knowledge was transmitted to students rather than what knowledge was transmitted. Teams shared a collective concern for increased emphasis on the




**On-site team references to professional values**

FIGURE 2

development of student' research skills. Teams consistently focused on the curriculum process and students' ability to use higher level cognitive skills. Team members overwhelming concern was with development of cognitive skills and not psycho-motor skills.

Professional Culture: Norms and Values of the Academic Workplace Pervade. Faculty research and scholarly productivity was a prime concern among teams. As one team leader aptly put it:

> I think we need physical therapists that are educated with enough depth and breadth to be able to function as independent practitioners. I think research and adding to the body of knowledge is an extremely important component. I think we need to continue to emphasize the research needs in preparing people at least to be more participatory in research if not investigating. (TL-INT,I:1,1-86)

On-site evaluators gave consistent recommendations for enhanced faculty development and an increased emphasis on research. They continually focused on the faculty's knowledge and understanding of the values and norms that guide the professional culture in the academic environment.

There was a lack of references made to the other three professional values, community sanction, self-control vs outside control and professional authority. These factors may have contributed to this lack of references: 1) the current American Physical Therapy Association standards do not address practice related items, 2) these three professional values pertain more to practice related issues than educational

issues, and 3) the coding scheme did not allow for the possibility of overlapping categories.

Team Leader Influence: The Major Source of Difference

The major source of difference across cases was the team leader. Team leaders held somewhat different conceptions of accreditation. For example:

> Mariposa Team Leader: The way we site visits and record them is not just confirming site data but thick description about what is happening, triangulating data...we are no longer looking for minimal level competence but quality, continued professionalization. (Fieldnotes,IV:3,3-86)
>
> Starr Team Leader: It has a lot to do with ethos rather than checking off standards and criteria. A good team pays attention to both...Accreditation standards and criteria speak only indirectly to excellence and are probably inadequate toward excellence. (Fieldnotes,II:6,2-86)
>
> Tioga Team Leader: If accreditation really is a process by which you evaluate to see if an agency meets predetermined qualifications and standards another part says you do that in accordance with the institutional goals. (Fieldnotes,III:34,3-86)

The varying conceptions of accreditation communicated to other team members led to varying degrees of thoroughness displayed by the on-site teams. (Table 1) Team leaders who held conceptions of accreditation that centered on quality assessment and program consultation demonstrated a more thorough investigation.

## CONCLUSIONS

These findings suggest that in similar accreditation settings, on-site evaluators, when elite members of the field, may share similar beliefs and values. These beliefs are

TABLE 1

Measures of Thoroughness for On-Site Teams

| Program | Team leader's conception of accreditation | Time spent 1)within team meetings 2)consultation | Pages of fieldnotes generated |
|---|---|---|---|
| Starr | look for quality/ethos | 1) 11 hours<br>2) 1 hour | 71 pages |
| Tioga | applied standards | 1) 4.5 hours<br>2) 0.5 hour | 34 pages |
| Toulomne | applied standards | 1) 5 hours<br>2) 0 | 50 pages |
| Mariposa | look for quality/thick description | 1) 12 hours<br>2) 1 hour | 75 pages |
| Vogelsang | no formal conception | 1) 6 hours<br>2) 0.5 hour | 54 pages |

likely to form the basis for their interpretation of the accreditation standards. If a field wishes to have the accreditation process contribute to the growth and development of the profession, then the selection of an elite group of on-site evaluators would be essential. Team members with a thorough understanding of the field and/or a background in higher education took more active roles as on-site evaluators in both the application of standards and communication of professional values. Finally, team leaders who held and communicated conceptions of accreditation that centered on quality assessment and program consultation demonstrated a more thorough investigation.

The findings also provide implications for physical therapy and other similar emerging professions. First, in fields where academic faculty are first socialized as clinicians, there may be the need to re-socialize these individuals to the roles and responsibilities of the academic environment. The evolution of this emerging profession, which began as a "technical helpmate for physicians" and nows seeks independent practice, demonstrates the need for broader professional preparation. The development of students' intellectual skills as well as practical skills was seen as important and necessary. The development and validation of physical therapy's body of knowledge was seen by on-site evaluators as a critical need.

Finally, acceptance of a professional ideology by this

elite community of on-site evaluators provides further evidence of an institutionalized model of a profession. This ideology, in turn, provides physical therapy with aspirations and goals for the future.

In closing, I would pose this potential risk. Acceptance of a professional ideology, created by male elites from the ideal male work career is not without its drawbacks. Physical therapy, as a female dominated profession provides patients with elements of a "domestic ideology," e.g., teaching, caring, touching. The challenge for physical therapy and other female dominated professions like it will be definition and validation of a knowledge base that allows for conceptualization of this knowledge base through the lens of gender.

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